



# City of Seattle

2012 New Employee  
Benefits Orientation –  
Most Employees

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# Benefits Orientation Goals

- Provide basic information on the City's medical, dental and vision plans, optional insurances, and other work/life benefits.
- Answer your questions.
- Identify additional resources.

# Employee Responsibilities

- You have 31 days from your date of hire (first day worked) to enroll in all health care and optional insurance plans.
- Contact your department's Benefits Representative within 31 days of a change in family status.

# Medical Plan Options

- City of Seattle Preventive Plan (Aetna)
- City of Seattle Traditional Plan (Aetna)
- Group Health Cooperative Standard Plan
- Group Health Cooperative Deductible Plan

# Premium Payments

- City employees pay a portion of medical premiums for most plans.
- Premiums are taken pre-tax from both paychecks in equal amounts during the month of coverage (i.e., February premiums are paid in February).
- Plans have different premium amounts based on coverage offered.
- Dental and the Basic Vision plan premiums are fully paid for by the City; the employees pay Vision Buy-Up plan premium.



# 2012 Monthly Medical Premiums

Plan	EE Only	With Spouse or Partner	Total Paid
City Preventive	\$48.12	\$98.50	\$1,049.37
City Traditional	\$0.00	\$32.34	\$949.29
Group Health Standard	\$48.40	\$99.90	\$967.83
Group Health Deductible	\$25.00	\$56.92	\$891.36

**Children are included in all amounts.**

# Aetna: Preferred Provider Organization

- Managed care organization of doctors, hospitals, and other health care providers.
- In- and out-of-network.
- Self-refer to see providers.
- Aexcel network of specialty doctors (lower cost if used).
- For a list of in-network providers and facilities:  
[Aetna.com/docfind/custom/cityofseattle](http://Aetna.com/docfind/custom/cityofseattle)

# City of Seattle Preventive Plan

## **If you use an in-network doctor, you have:**

- \$100 per person annual deductible up to \$300/family.
- \$15 office visit co-pay.
- 100% coverage for preventive care (well-baby care, immunizations, routine checkups).
- Varied co-pays for selected services, then plan pays 90% for in-network providers.
- \$2,000/person \$4,000/family out-of-pocket maximum.



# City of Seattle Preventive Plan

## If you use an out-of-network doctor you have:

- \$450 per person annual deductible, up to \$1,350/family.
- Co-pays for selected services, then plan pays 60%.
- Annual out-of-pocket maximum is \$3,000/person \$6,000/family.
- **You may pay additional amounts** if doctor's rates are higher than what Aetna pays for usual & customary or "negotiated" fees.

# Should I Choose the Preventive Plan?

- Do I or my family need preventive care such as annual exams, flu shots, or well baby care?
- Financially, would I prefer smaller co-pays and deductible, but a larger monthly premium amount?



# City of Seattle Traditional Plan

If you use an Aetna network doctor, you have:

- \$400 per person annual deductible, up to \$1,200/family.
- Annual out-of-pocket maximum is \$1,000/person, \$3,000/family.
- Varied co-pays for most services, then plan pays 80%.

# City of Seattle Traditional Plan

## If you use an out-of-network doctor:

- \$1,000 per person annual deductible, up to \$3,000/family.
- Annual out-of-pocket maximum is \$2,000/person \$6,000/family.
- Varied co-pays for most services, then plan pays 60%.



# Should I Choose the Traditional Plan?

- Do I seldom see a doctor, but want coverage in case of a serious injury or illness?
- Financially, would it be more cost effective to choose a plan with a higher deductible and no monthly premiums?

# Prescription Drug Coverage (Preventive and Traditional)

## Retail

- 31-day supply.
- 30% co-insurance for generic drugs.
- 40% co-insurance for brand name drugs
  - Minimum \$10/month co-pay per drug (or actual cost if less).
  - Maximum \$100/month co-pay per drug.

# Prescription Drug Coverage (Preventive and Traditional)

## Retail (continued)

- Lower co-insurance for selected maintenance drugs.
- No out-of-network drug coverage.
- Annual out-of-pocket maximum for prescriptions: \$1,200/person up to \$3,600/family.

# Prescription Drug Coverage (Preventive and Traditional)

## Aetna Rx Home Delivery (Mail Order)

### For a 90-day supply:

- Same coinsurance as retail.
- Minimum \$20 co-pay per drug (or double the actual cost if less).
- Maximum \$200 co-pay per drug.
- 90-day supply may cost less, depending on the drug.



# Group Health Cooperative

- An integrated health care delivery system.
- You must use GH doctors and facilities.
- Flexibility to self-refer to see most specialists in the Group Health network.



# Group Health Standard Plan

- No annual deductible.
- \$15 office visit co-pay
- After your co-pay, then plan pays 100% for most services.



# Group Health Deductible Plan

- \$200 annual deductible per person, up to \$600/family. Deductible does not apply to preventive care, ambulance, durable medical equipment and prescriptions.
- \$15 office visit co-pay (applies to preventive care).
- Similar coverage as Standard Plan.



# Group Health Standard Plan Prescription Drug Coverage

## **Retail** (30-day supply from GH Pharmacy)

- \$15 co-pay for generic drugs.
- \$30 co-pay for brand name drugs.

## **GH Mail Order Program** (90-day supply)

- \$45 for generic drugs.
- \$90 for brand drugs.
- No cost savings, but shipping is free.

# Group Health Deductible Plan Prescription Drug Coverage

## **Retail** (30-day supply from GH Pharmacy)

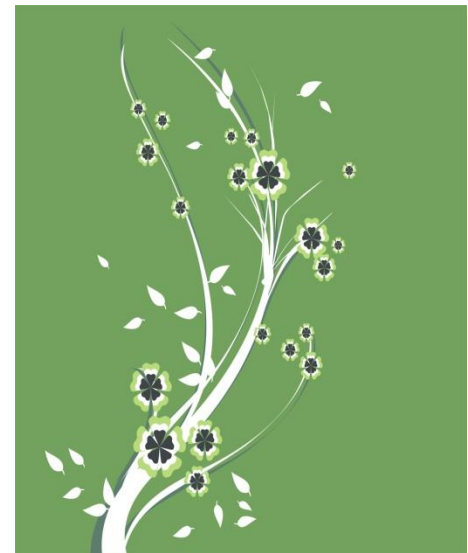
- \$15 co-pay for generic drugs.
- \$30 co-pay for brand name drugs.

## **GH Mail Order Program** (90-day supply)

- \$30 for generic drugs.
- \$60 for brand name drugs.
- You save one co-pay by using Mail Order.
- Free shipping.

# Should I Choose a Group Health Plan?

- Is there a Group Health facility near my home or office?
- Would I prefer having my pharmacy at the same location as my Physician?
- Do I like the team approach to health care?
- Is my current doctor in the Group Health network?



# Where to Find More Information

## Preventive & Traditional Plans

- List of network doctors (Preferred Providers)  
[aetna.com/docfind/custom/cityofseattle](http://aetna.com/docfind/custom/cityofseattle)
- [AetnaNavigator.com](http://AetnaNavigator.com)

## Group Health Plans

- [GHC.org](http://GHC.org)

# Accept or Decline Coverage

- You have the option to accept or decline medical coverage.
- You will not be charged premium payments if you decline medical coverage.
- If you decline medical coverage, you will still be enrolled in the dental and vision plans. (Provided at no cost to employees.)
- If you want to enroll in the future, you must wait for Open Enrollment unless you experience a qualifying event such as loss of other coverage.



# Dental Plans

- Washington Dental Service
- Dental Health Services

*Dental coverage is provided at no cost to City employees and their eligible family members.*

**Note:** If you decline medical coverage and do not choose a dental plan, you will automatically be enrolled in the Washington Dental Service plan.

# Washington Dental Service

- Very broad/large dental network (premier)
- \$50 per person annual deductible, up to \$150/family. Deductible is waived for routine cleanings and exams.
- Incentive payment schedule if you use the preventive care benefit each year.  
The plan pays:
  - 70% the first year
  - 80% the second year
  - 90% the third year
  - 100% the fourth year and beyond



# Washington Dental Service

- \$2,000 annual benefit maximum per person.
- Orthodontia benefits available for dependent children only; paid at a 50% level to a lifetime maximum of \$1,500 for each child.
- TMJ treatments are not covered.

# Is WDS Right for You?

- Is my current dentist a member of the WDS Network?
- Are dentist office located close to my home or office?



# Dental Health Services

- Dental “HMO”
- You must use a Dental Health Services contracted provider (limited network).
- No annual deductible or annual maximum.
- \$10 co-pay for preventive services, co-pays for other types of services vary. Additional fee may apply depending on service.

# Dental Health Services

- Orthodontia benefits: \$1,800 co-pay for adults or \$1,000 co-pay for children. \$150 for initial exam, study models and x-rays covers full course of treatment plus \$10 co-pay for each visit (new cases).
- TMJ treatments covered up to \$1,000 annual benefit maximum, \$5,000 lifetime maximum.

# Dental Health Services

- Am I or a family member expecting any major dental work in the next year (including orthodontia)?
- Are dental offices close to my home or office?

# Vision Services Plan

## If you use a VSP Provider:

### Basic Plan (Default Free Plan):

- \$10 eye exam copay, exam covered in full each calendar year.
- Lenses and frames covered **every other calendar** year; \$25 copay; frames covered up to \$150.
- Single vision, lined bifocal, lined trifocal lenses are covered in full; progressive lenses **not covered**.
- Contact lens fitting and evaluation exam & contact lenses covered up to elective contact lens allowance of **up to \$120**.



# Vision Services Plan

**If you do NOT use a VSP provider:**

## **Basic Plan (Default Free Plan):**

- Eye exam covered up to \$50 each calendar year.
- Lenses and frames covered **every other calendar year**; \$25 copay; lenses covered up to \$50 - \$100 depending on type. Frames covered up to \$70.
- Single vision, lined bifocal, lined trifocal lenses are covered as shown above; **progressive lenses not covered**.
- Elective contact lenses covered up to \$105; includes contact lens evaluation exam, fitting and materials.

# Vision Services Plan

## If you use a VSP Provider:

### Buy-Up Plan (Optional Employee Paid Plan):

- \$10 eye exam copay, exam covered in full each calendar year
- Lenses and frames covered **every calendar year**; \$25 copay; frames covered up to \$150.
- Single vision, lined bifocal, lines bifocal, lined trifocal lenses are covered and progressive lenses **covered in full**.
- Contact lens fitting and evaluation exam & contact lenses covered up to elective contact lens allowance of **up to \$150**.

# Vision Services Plan

**If you do NOT use a VSP provider:**

## **Buy-Up Plan (Optional Employee Paid Plan):**

- Eye exam covered up to \$50 each calendar year.
- Lenses and frames covered **every calendar year**; \$25 copay; lenses covered up to \$50 - \$100 depending on type. Frames covered up to \$70.
- Single vision, lined bifocal, lined trifocal lenses are covered as shown above; **progressive lenses covered up to \$100.**
- Elective contact lenses covered up to \$105; includes contact lens evaluation exam, fitting and materials.

# Basic and Supplemental Long Term Disability (LTD)

- Basic and Supplemental LTD help replace a portion of your salary if you are unable to work.
- The City provides Basic LTD of \$400/month at no cost to you, following a 90-day waiting period.
- Supplemental LTD provides 60% of your monthly earnings over \$667 to a maximum of \$8,333 per month, following a 90-day waiting period.
- You pay the cost of Supplemental LTD based on your current salary.
- **If you do not elect this coverage when hired**, there is a longer waiting period for pre-existing conditions.

# Do I Need Supplemental Long-Term Disability?

- In the event I become disabled, do I have another income source to maintain my current lifestyle?
- Am I covered under any other LTD Plan?
- How long would I be able to support myself or my family on the Basic Benefit of \$400/month?
- Do I have accrued resources of sick leave and/or vacation?

# Basic Group Term Life Insurance

- Basic GTL insurance will pay a lump sum amount upon your death. (If you become terminally ill, will pay a lump sum amount to 75% before you die.)
- You are eligible for Basic Group Term Life Insurance equal to 1-1/2 times your annual salary (or \$50,000 max to avoid imputed income).
- The City pays 40% and you pay 60% of the cost of Basic GTL.
- Premiums are based on your annual income. (Premiums for part-time employees are calculated as if the coverage amount and employee were full-time.)
- If you do not sign up when first hired, you will have to complete a Medical History Statement and be approved, if you change your mind later.

# Do I Need Basic Group Term Life?

- Am I covered under another life insurance policy? If so, do I have adequate coverage?
- Have I been turned down for other life insurance coverage because of a medical condition?
- Should I elect coverage now as no Medical History Statement is required, but would be later? (*Basic GTL is “guaranteed” coverage!*)
- Would my family have enough income to live on if something happened to me?

# Supplemental Group Term Life Insurance

- You must be enrolled in the Basic GTL in order to purchase supplemental coverage.
- You can purchase up to 4 times your annual salary in Supplemental GTL for yourself. (If exceeds \$1M when added to Basic GTL, must complete medical history statement.)
- For your spouse/domestic partner, you can purchase 50% of the amount of coverage purchased for yourself.
  - To purchase over \$50,000 in coverage for your spouse/domestic partner at the time you are hired, they must submit a Medical History Statement. If it is not approved, your spouse is still eligible for up to \$50,000 in “guaranteed” coverage.



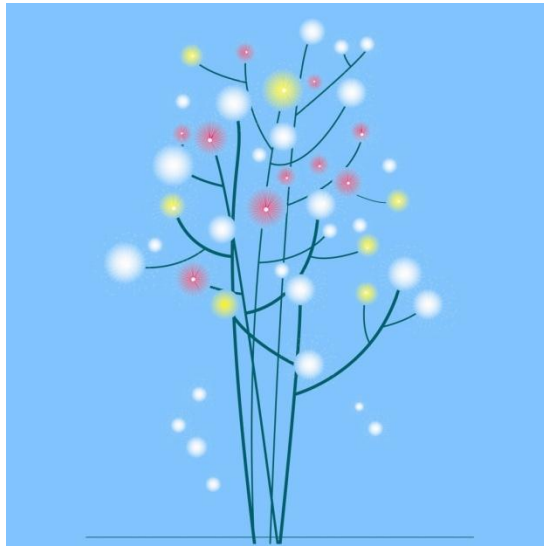
# Supplemental Group Term Life Insurance

- Premiums are based on employee's age and are paid through payroll deduction.
- For dependent children, you can purchase \$2,000, \$5,000 or \$10,000 in coverage. One premium covers all children.
- If you do not sign up when first hired, you and your spouse/domestic partner must submit a Medical History Statement to enroll later.

# Accidental Death and Dismemberment (AD&D)

- Pays a death benefit if the insured person dies due to an accident.
- Pays a percentage of the full amount if the covered person loses a limb or becomes paralyzed.
- Coverage available from \$25,000 to \$500,000 for yourself or employee and family.
- Amount of coverage for your dependents is based on a percentage of your coverage amount.
- Premiums are paid through payroll deduction.

# Do I Need AD&D?



- Do I currently have a life insurance policy?
- Will my other insurance plans provide enough coverage for my family if something accidentally happens to me?

# When Can I Change My Benefits?

- You can only change medical, dental, and/or vision plans during the Open Enrollment period generally held each fall.
- You can drop optional insurances (GTL, AD&D, LTC, LTD) any time during the year and *add* only during Open Enrollment.
- You can add or drop dependents if there is a change in family status (such as marriage, divorce, formation of domestic partnership, newborn or adoption of a child).

# Flexible Spending Account Programs

Flexible spending accounts allow you to set aside pre-tax money to pay for eligible expenses:

- Health Care Flexible Spending Account Program
- Dependent Care (day care) Assistance Program

You must re-enroll each year during Open Enrollment to continue participating.

# Health Care Flexible Spending Account

- Set aside \$300 to \$5,000 per year in pre-tax dollars thru payroll deductions.
- Reimbursement for co-pays, deductibles, and services that exceed plan maximums (can be used by all eligible dependents).
- Submit receipts to receive reimbursement for eligible expenses.
- May use “Benefits Card” to access funds sooner: debit cards can be requested via email: [flexcs@baclink.com](mailto:flexcs@baclink.com).
- Under IRS rules, money left at the end of the year cannot be refunded. Use it or lose it!

# Dependent Care (Day Care) Flexible Spending Account Program

- Set aside \$300 to \$5,000 per year in pre-tax dollars thru payroll deductions (per taxable family unit).
- May be used to cover expenses for the supervised care of your child, disabled spouse/partner or dependent parent.
- Under IRS rules, money left at the end of the year can not be refunded. Use it or lose it!

# Should I Participate in a Flexible Spending Account?

- Am I or my family anticipating any major medical/dental or vision expenses that are not covered by insurance within the next year?
- Do I pay for daycare for my children, disabled spouse/partner or dependent parent?
- Do I want to lower my tax liability?
- Can I accurately estimate future expenses?



# Workers' Compensation

- If you are injured at work you will be covered by the City's self-insured Workers' Compensation Program.
- Report all work-related injuries ***immediately*** to your Supervisor! Use the City's form to report the accident.
- If you need medical care – inform the Physician you were injured on the job and this is a workers' compensation claim.
- If you need a prescription, inform the Pharmacist this is a workers' compensation claim & provide the claim number from the City form – **do not** use your medical plan card.

# City Retirement System

- You are automatically enrolled in the Seattle City Employee's Retirement System (SCERS). Exempt positions are voluntary.
- Retirement contributions of 10.03% of your pay are automatically taken out of your paycheck on a pre-tax basis.
- Contact the Retirement Office to discuss your benefit options: (206) 386-1293.
- For more info go to:  
**[cityofseattle.net/retirement/default.htm](http://cityofseattle.net/retirement/default.htm)**

# Deferred Compensation

- City offers an IRS 457 Deferred Compensation Plan through Prudential.
- Contributions are made through pre-tax payroll deductions.
- Enroll, change or stop contributions any time.
- Contribute as little as \$10 per pay period (about \$5.00 per week) or as much as \$17,000 in 2012.
- You can contribute up to \$5,500 more if you're age 50 or over.
- Visit [CityofSeattleDeferredComp.com](http://CityofSeattleDeferredComp.com) for more information.



# Should I Elect Deferred Compensation?

- Have I calculated how much I should save now to help meet my retirement goals?
- Would it benefit me financially to help reduce income tax liability by deferring income?
- Do I currently participate in an outside retirement plan?
- Can I afford to set aside this money now when I might not be able to withdraw it if I need it?

# Employee Wellness Programs

- You and your adult covered family members are eligible for the Employee Assistance Program, Quit Tobacco Program, and Weight Watchers savings.
- Check the monthly benefits calendar and wellness newsletter for health seminars, webinars, blood pressure screenings, wellness fairs, and mammography screening dates at: [personnelweb/benefits/home.aspx](http://personnelweb/benefits/home.aspx).

# Employee Wellness: Employee Assistance Program

- Confidential counseling for issues related to stress, relationships, grief, and drug/alcohol. And for work/life issues such as financial, legal, elder care, and child care.
- Each year 6 free visits per issue per household member.
- 6 paid, non-leave hours allowed per year for EAP visits – paid time must be approved by supervisor.
- For counseling and short-term problem-solving; not intended for long-term counseling. (Mental health counseling available through your medical plan.)
- Call Horizon Health at **1-888-272-7252**.
- HorzionCareLink.com; user name “city of seattle”; password “city of seattle”.

# Employee Wellness: Quit Tobacco

- Available to all City of Seattle employees and their eligible adult dependents who want to quit tobacco.
- No cost to the participant. Includes coaching with trained professionals by telephone, nicotine replacement therapy, and information packet.
- Prescription drugs such as bupropion or Chantix available with coinsurance (Aetna plans). No co-pays for tobacco cessation drugs through the Group Health plans.
- To enroll call **1-866-QUIT-4-LIFE (1-866-784-8454)** or online at [freeclear.com/webenroll/Seattle/](http://freeclear.com/webenroll/Seattle/)

# Employee Wellness: Weight Watchers

- Weight Watchers program savings available to employees and adult family members covered on a City medical plan.
- **Save:** 30% off Weight Watchers programs; additional \$30 or \$40 each year for meeting attendance at recommendation of your physician.
- **Enroll:** Call **1-866-442-1232** with your Employee ID number, medical plan ID number, and credit card information.
- **Go to:** <http://personnelweb/benefits/wellness/physical.aspx> for more details.



# Commute Trip Reduction Programs

City of Seattle offers a variety of incentives to encourage alternative means of commuting. For more information, visit: [inweb/sdot/ctr/default.htm](http://inweb/sdot/ctr/default.htm).

- **Orca Pass:** City of Seattle employees are eligible to receive a transit subsidy up to \$90.00/month, applicable to bus, train, light rail, Ferry, and vanpool.
  - Transit passes are available in person at the SMT 42<sup>nd</sup> floor counter AFTER the 26<sup>th</sup> of each month through to the 11<sup>th</sup> of the next month. New hires after this time must wait for the next month.
- **Guaranteed Ride Home:** Provides reimbursement for up to 40 miles of taxi service per year for personal, family or medical emergencies to qualified employees.

# Commute Trip Reduction Programs (cont'd)

- **Bike to Work:** City worksites have showers, locker and secure bicycle parking facilities. The downtown shower and locker facility is located in the basement of the City Hall building. Electric bicycles are available for use at the City motor pool.
- **Zipcar:** Discounted Zipcar memberships are available to all city employees as part of the commute trip reduction program. For rates and enrollment information,.
- **Discounted Parking:** Eligible employees who use an HOV mode to commute to work are eligible to park at the Seattle Municipal Tower or SeaPark garages at a discounted rate twice a month.

# Remember...

- You have **31 days** from your date of hire (first day worked) to enroll in all health care and optional insurance plans.
- Watch for important benefit related mailings sent to your home and City email throughout the year.
- Contact your department's Benefits Representative within 31 days for changes in family status (e.g. acquire/lose dependent).

# Web Sites

- **City of Seattle Employee Benefits Information:**  
Phone: 206-615-1340, Fax: 206-615-0202
- **Preventive & Traditional Plans Information**  
[AetnaNavigator.com](http://AetnaNavigator.com);  
Custom doctor find: [aetna.com/docfind/custom/cityofseattle](http://aetna.com/docfind/custom/cityofseattle)
- **Group Health Plans Information**  
[GHC.org](http://GHC.org)
- **Washington Dental Service**  
[DeltaDentalwa.com](http://DeltaDentalwa.com)
- **Dental Health Services**  
[DentalHealthServices.com/cityofseattle](http://DentalHealthServices.com/cityofseattle)
- **Vision Services Plan Information**  
[VSP.com](http://VSP.com); click on “Members and Consumers”

# Web Sites

- **Flexible Spending Account Information**  
[BenefitAdministrationCompany.com/](http://BenefitAdministrationCompany.com/)
- **City of Seattle Retirement Office:**  
[CityofSeattle.net/retirement/default.htm](http://CityofSeattle.net/retirement/default.htm)
- **City of Seattle Voluntary Deferred Compensation Program**  
[CityofSeattleDeferredComp.com](http://CityofSeattleDeferredComp.com)
- **Employee Assistance Program**  
[HorizonCareLink.com](http://HorizonCareLink.com)  
User name: city of seattle  
Password: city of seattle
- **City of Seattle Commute Reduction Program Information**  
[inweb/sdot/ctr](http://inweb/sdot/ctr)